

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445294	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 11/05/2013
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF COLLEGE DALE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 658, 9210 APISON PIKE COLLEGE DALE, TN 37315		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS	K 000			
K 021 SS=D	<p>42 CFR 483.70(a) K3 BUILDING: 1-story Type II(222), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1977 K7 SURVEY UNDER: 2000 EXISTING K8 124-bed SNF/NF NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined fire doors could resist the passage of smoke.</p> <p>The findings include:</p>	K 021	<p>1) The air gap in the fire door by the conference room was corrected by contractor on 11-08-13 to insure it is smoke resistant.</p> <p>12-06-13</p> <p>2) Plant Director observed other fire doors in the facility on 11-05-13 to insure there were no gaps and smoke resistant.</p> <p>12-06-13</p> <p>3) Plant Director and assistant received in-service education by Administrator on 11-25-13 to observe for air gaps in fire doors. Plant Director and/or assistant will make random compliance rounds to insure fire doors close properly and document weekly X4 and monthly X2.</p> <p>12-06-13</p> <p>4) Plant Director and/or assistant will report findings to the PI Committee (Medical Director, DON, SSD, Pharmacist, HR Director, CDM, RD, ES Director, ACT Director, Administrator, Marketing Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved.</p> <p>12-06-13</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 021	Continued From page 1 Observation and interview with the Maintenance Director, on October 5, 2013 at 10:00 a.m. confirmed the fire door by the conference room was warped and failed to be smoke resistant having an air gap of 1/2 -inch. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 5, 2013.	K 021			
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on October 5, 2013 at 1:15 p.m. confirmed unsealed penetrations above the fire doors by the following rooms: 1) 212, 2) 231, and 3) Soiled linen room next to the in-service room.	K 029	1) Unsealed penetrations above the fire doors by rooms 212, 231, soiled linen room next to the in-service room were sealed by Plant Director on 11-11-13. 2) Plant Director and/or assistant conducted observations for penetrations above fire doors on 11-05-13. 3) Plant Director and assistant received in-service education by Administrator on 11-25-13 to observe fire doors for penetrations. Random observations for penetrations above fire doors in facility will be documented by Plant Director and/or assistant weekly X4 and monthly X2. 4) Plant Director and/or assistant will report findings to the PI Committee (Medical Director, DON, Administrator, RSM, SSD, Pharmacist, CDM, RD, ACT Director, ES Director, HR Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved.	12-06-13 12-06-13 12-06-13 12-06-13	

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K 029	Continued From page 2 These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 5, 2013.	K 029			
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined staff was not familiar with fire drill procedures The findings include: 1. Observation during a fire drill with the Maintenance Director on October 5, 2013 at 9:57 a.m. confirmed the two staff discovering the fire failed to check the bathroom, failed to immediately call out the code phrase, and delayed sounding the building fire alarm for greater than 1 minute. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 5, 2013.	K 050	1) Licensed Nurse #1 and Certified Nursing Assistant #1 were identified as being unfamiliar with fire drill procedures. Administrator held an in-service on fire procedures with the two staff on 11-22-13. 2) Plant Director held fire drill and in-service education with staff on 11-22-13 to insure proper fire drill procedures are followed. 3) Plant Director and/or assistant will insure in-service education is conducted with staff on following proper fire procedures on orientation and as indicated. Plant Director and/or assistant will conduct routine fire drills and document monthly X3. 4) Plant Director and/or assistant will report findings to PI Committee (Medical Director, Administrator, DON, Pharmacist, CDM, RD, SSD, ACT Director, RSM, HR Director, Plant Director, ES Director, HIM, Admissions Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved.	12-06-13 12-06-13 12-06-13	
K 061 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have	K 061			

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K 061	Continued From page 3 valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: Based on observation and record review, it was determined 1 of 2 sprinkler system's post indicator valves (PIV) was not electronically supervised (NFPA 101, 9.7.2.1). The findings include: Observation and record review with the Maintenance Director, on October 5, 2013 at 8:00 a.m. and again at 2:30 p.m. confirmed there was no tamper switch on the PIV at the main entrance to the parking lot. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 5, 2013.	K 061	1) Plant Director contacted automatic sprinkler systems contractor on 11-08-13 to place tamper switch on PIV at the main entrance to the parking lot 2) Automatic Sprinkler Contractor placed tamper resistant switch for supervision of local fire alarm to sound on 11-25-13. 3) Plant Director and/or assistant received in-service education by Administrator on 11-25-13 for valves to be supervised by local alarm and sound when valves are closed. Plant Director and/or assistant will observe and document panel and tamper switch or PIV at main entrance to the parking lot weekly X4 and monthly X2 4) Plant Director and/or designee will report findings to the PI Committee (Medical Director, DON, Administrator, Director of Rehab, Medical Records, Pharmacist, Plant Director, CDM, RD, SSD, ACT Director, HR Director, ES Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved.	12-06-13 12-06-13 12-06-13	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined electrical panels had the required clear space in front of them (NFPA 70, 110-16 (d)). The findings include: Observation and interview with the Maintenance Director, on October 5, 2013 at 9:35 a.m. confirmed there was an excessive accumulation	K 147		12-06-13	

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K 147	Continued From page 4 of combustible materials posing a fire hazard in the electrical room and combustibles stored directly in front of some electrical panels. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 5, 2013.	K 147	<ol style="list-style-type: none"> 1) Plant Director removed combustible materials in the electrical room on 11-15-13. 2) Residents in area have the potential to be affected by combustibles stored in front of electrical panels. 3) On 11-25-13, Plant Director and assistant received in-service education by Administrator on storing combustible materials away from electrical panels. Plant Director and/or assistant will observe the area and document weekly X4 and monthly X2 4) Plant Director and/or assistant will report findings to PI Committee (Medical Director, DON, Administrator, ADON, Pharmacist, CDM, RD, Director of Rehab, SSD, ACT Director, ES Director, Plant Director, Medical Records, HR Director) monthly to review, analyze and make recommendations as needed for three (3) consecutive months and/or until compliance is achieved. 	12-06-13	12-06-13
				12-06-13	12-06-13